

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450



Docket No.: 200.1133CON2
Date: September 7, 2004

IFW

In re application of: Benjamin OSHLACK, et al.
Serial No.: 10/701,041
Filed: November 4, 2003
For: **TAMPER-RESISTANT ORAL OPIOID AGONIST FORMULATIONS**

Sir:

Transmitted herewith is a **Supplemental Information Disclosure Statement** in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ No fee for additional claims is required.
- ☐ A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)		(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
	REMAINING	HIGHEST	PREVIOUSLY	PRESENT	RATE	FEE		RATE	FEE
	AFTER	PAID FOR	AMENDMENT	EXTRA					
TOTAL CLAIMS	* Minus 20**	=			x \$ 9	\$		x \$ 18	\$
INDEP. CLAIMS	* Minus 3***	=	0		x \$ 42	\$		x \$ 84	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140	\$		+ \$280	\$

TOTAL: \$ OR TOTAL: \$

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☒ Also transmitted herewith are:
- ☐ Petition for extension under 37 C.F.R. 1.136 (in duplicate)
- ☒ Other: PTO form 1449 (1 page) and referenced cited.
- ☐ Check(s) in the amount of \$.00 is/are attached to cover:
- ☐ Filing fee for additional claims under 37 C.F.R. 1.16
- ☐ Petition fee for extension under 37 C.F.R. 1.136
- ☐ Other:
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on September 7, 2004.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 
Elizabeth Pietrowski



UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: To be assigned Art Unit: 1615
Re: Application of: Benjamin OSHLACK, et al.
 Serial No.: 10/701,041
 Filed: November 4, 2003
 For: **TAMPER-RESISTANT ORAL OPIOID AGONIST
 FORMULATIONS**

SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.56

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

September 7, 2004

Sir:

In accordance with the provisions of 37 C.F.R. § 1.97, Applicants hereby make of record the documents listed on the accompanying Form PTO-1449 (1 sheet) for consideration by the Examiner in connection with the examination of the above-identified patent application.

Pursuant to 37 C.F.R. § 1.98 (a), the foreign patent references listed on sheet 1 of the attached Form PTO-1449 are enclosed. If it is determined that any of the listed references are not of record in the parent application or presently enclosed, the Examiner is requested to contact the undersigned so that a copy can be forwarded.

It is respectfully requested that the references cited in the accompanying Form PTO-1449 (1 sheet) be considered and made of record.

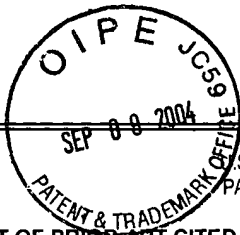
This Information Disclosure Statement is filed under 37 C.F.R. § 1.97 (b), before the mailing of a first Office Action on the merits. Accordingly, no fee is believed due. In the event any additional fee is due or any overpayment made in connection with the filing of this Information Disclosure Statement, the Commissioner is hereby authorized to charge said deficiency or credit overpayment to our Deposit Account No. 50-0552.

Respectfully submitted,
DAVIDSON, DAVIDSON & KAPPEL, LLC

By 

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FORM PTO-1449
(REV. 7-80)U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICEATTY. DOCKET NO.:
200.1133CON2SERIAL NO.:
10/701,041

LIST OF PRIOR ART CITED BY APPLICANT

(Use several sheets if necessary)

APPLICANT(S):
Benjamin OSHLACK et al.FILING DATE:
November 4, 2003GROUP:
1614

U.S. PATENT DOCUMENTS

*EXAMINER INITIAL		DOCUMENT NUMBER							DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	AA	4	5	8	7	1	1	8	05/06/1986	Hsiao	424	459	
	AB	6	6	9	6	0	6	6	02/24/2004	Kaiko et al.	424	400	
	AC	6	6	9	6	0	8	8	02/24/2004	Oshlack et al.	424	465	
	AD	6	7	1	6	4	4	9	04/06/2004	Oshlack, et al.	424	449	
	AE												
	AF												
	AG												

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER							DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
													YES	NO
	AH	04	0	5	2	3	4	6	06/24/04	WO (A1)	A61K	9/62		
	AI	0	5	4	8	4	4	8	09/06/2000	EP (B1)	A61K	9/50	abstract	
	AJ													
	AK													
	AL													

OTHER PRIOR ART (Including Author, Title, Date, Pertinent Pages, Etc.)

	AM	
	AN	
	AO	
	AP	
	AQ	
	AR	
	AS	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.